STATE OF ALABAMA BOARD FOR REGISTRATION OF ARCHITECTS 770 WASHINGTON AVENUE MONTGOMERY, ALABAMA 36130-4450

APPLICATION FOR REGISTRATION BY EXAMINATION (SIX MONTHS EXPERIENCE OPTION)

INSTRUCTIONS: Att Alabama Board of Arcl	ach (or have your unive	rsity forward) your offician ployment Verification F	**************************************	e (payable to
NAME:				
SOCIAL SECURITY	NUMBER:		DATE OF BIRTH:	
NAME TO APPEAR O	ON CERTIFICATE:			
ADDRESS:				
CITY/STATE/ZIP:				
E-MAIL ADDRESS: _				
GENDER: ☐ Male	☐ Female	RACE: Caucasian	☐ African-American ☐ O	ther
CITIZENSHIP: If foreign citizen, proof	of visa status required	with application.	DAYTIME PHONE:	
Have you made applica	ation to any other state to	take the exam? \(\square\) NO [☐YES-Where?	
Excluding minor traffic violations, have you ever been convicted of a crime? If YES, provide details on a separate sheet.				□Yes □No
Have you ever filed an application for architectural registration that has been denied in any jurisdiction? If YES, provide details on a separate sheet.				□Yes □No
Have you ever been the subject of disciplinary action, including entering into a consent or similar agreement, by any architectural registration board? If YES, provide details on a separate sheet. □Yes □No				
full-time experience un completion of the Inter- understand that (a) I mu the IDP requirements a	der the direct supervision Development Program ast pass all parts of the And submit my completed ng false information on	on of a registered architect in may affect opportunities ARE within five years of j d NCARB IDP file to the	ersity, AND I have completed at t. I understand that beginning to for reciprocal registration in or passing the first section and (b). Board before I can be registere ation may subject me to discipling	he ARE prior to ther states. I I must complete d as an architect. I
Signature:			Date:	